

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOME I (610100)

Address: 12339 WARPATH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/1989

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096935 **End Date:** 04/17/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009538 Served 05/17/2006

Deficiencies Cited
83.19(3)(f)

Subject Area
ACCIDENT RESULTS IN HOSPITALIZATION

Compliance
Verified

Corrected

Survey ID: 0094921 **End Date:** 05/18/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009416 Served 05/26/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

Survey ID: 0093168 **End Date:** 07/19/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009312 Served 08/17/2004

Deficiencies Cited
83.15(1)(a)

Subject Area
STAFFING PATTERNS

Compliance
Verified
04/11/2006

Corrected
Yes

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092242 End Date: 02/05/2004 Type: STANDARD Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009246 Served 04/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	07/19/2004	Yes

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Enforcement History

Date: 05/24/2005 **SOD #10009416** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

Date: 08/17/2004 **SOD #10009312** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(a)

Date: 03/31/2004 **SOD #10009246** **Appealed: No**

Sanctions

OTHER SANCTION
FORFEITURE---83.33(2)(c)

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Complaint History

Date Complaint Received: 01/19/2006

Date Investigation Completed: 04/11/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/03/2004

Date Investigation Completed: 07/19/2004

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

10009312

Date Complaint Received: 09/08/2003

Date Investigation Completed: 02/05/2004

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10009246

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